

DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a belownamed inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: **Plastically deformable irreversible storage medium and method of producing one such medium.**

described and claimed in international application number **PCT/FR2004/003091** filed **December 2, 2004**

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:


**National French Patent Application No. 03 14625
Filed on December 12, 2003**

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

NONE

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

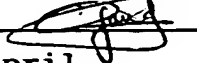
1	Typewritten Full Name of Sole or First Inventor	Bernard		
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	April	21	2006
		Month	Day	Year
	Residence:	CLAIX	FRANCE	
		City	State or Province	Country
	Citizenship:	French		
	Post Office Address:	1 allée de la Challandière, Cidex 334,		
	(Insert complete mailing address, including country)	F-38640 CLAIX, France (FR)		

Not to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

1 **Typewritten Full Name
of Joint Inventor**

Given Name	Middle Initial	Family Name
Pierre		GAUD

2 **Inventor's Signature:**



3 **Date of Signature:**

Month	Day	Year
April	21	2006

Residence:

City	State or Province	Country
COUBLEVIE		FRANCE

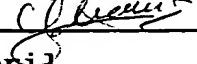
Citizenship: French

Post Office Address: 111 Impasse des Magnolias,
(Insert complete mailing address, including country) F-38500 COUBLEVIE, France (FR)

1 **Typewritten Full Name
of Joint Inventor**

Given Name	Middle Initial	Family Name
Véronique		SOUSA

2 **Inventor's Signature:**



3 **Date of Signature:**

Month	Day	Year
April	21	2006

Residence:

City	State or Province	Country
GRENOBLE		FRANCE

Citizenship: French

Post Office Address: 15 boulevard Maréchal Léclerc,
(Insert complete mailing address, including country) F-38000 GRENOBLE, France (FR)

1 **Typewritten Full Name
of Joint Inventor**

Given Name	Middle Initial	Family Name

2 **Inventor's Signature:**

3 **Date of Signature:**

Month	Day	Year

Residence:

City	State or Province	Country

Citizenship: _____

Post Office Address: _____
(Insert complete mailing address, including country)

1 **Typewritten Full Name
of Joint Inventor**

Given Name	Middle Initial	Family Name

2 **Inventor's Signature:**

3 **Date of Signature:**

Month	Day	Year

Residence:

City	State or Province	Country

Citizenship: _____

Post Office Address: _____
(Insert complete mailing address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.